

FACILITIES REQUEST FORM (To Be Used If Additional Or New Leased Space Is Being Requested)
Please fill out and return it to the Division of Public Works. Attach additional sheets if more information would be helpful. If you have any questions, please call Linda Wildhagen at 332-1929. Thank you!
AGENCY NAME: _____ ADDRESS OF CURRENT FACILITY: _____ # OF CURRENT FTE IN THIS FACILITY: _____, # OF PROJECTED FTE: _____ for FY 20_____ CURRENT SQ FT: _____ LEASE EXPIRATION DATE: ____ FEDERAL SUBSIDY ON RENT (%): _____ PROPOSED OCCUPANCY DATE: _____ COMPLETED BY: _____ PHONE: _____ DATE: _____
REASON FOR REQUEST (Additional staff, present facilities inadequate, lease expiration, new programs added, etc.) _____ _____ _____
ALTERNATIVES CONSIDERED BEFORE REQUESTING NEW SPACE AND REASONS FOR REJECTION: _____ _____ _____
WOULD THIS PROPOSED NEW FACILITY REPLACE ANOTHER FACILITY? <u>YES</u> / <u>NO</u> IF YES, WHICH ONE? _____ _____ WAS PROPOSED NEW FACILITY PRESENTED IN 5-YR FACILITY PLAN? <u>YES</u> / <u>NO</u> WAS IT APPROVED? <u>YES</u> / <u>NO</u>
SPECIALIZED FACILITY NEEDS: <input type="checkbox"/> 24-Hour Security <input type="checkbox"/> Heavy Floor Load Limits <input type="checkbox"/> Fireproofing <input type="checkbox"/> Secured Rooms <input type="checkbox"/> Play Area <input type="checkbox"/> Exhaust/Venting Systems <input type="checkbox"/> Secured Parking (# of Spaces: _____) <input type="checkbox"/> Operating Hours beyond 8 AM to 5 PM <input type="checkbox"/> Other (Describe: _____) Please describe need for these specialized needs: _____ _____ _____
FACILITY USE: (Briefly describe use of facility, including # of visitors @ peak operating hrs, # of depts and functions, programs to be housed in this proposed facility) _____ _____ _____ _____ _____ _____
CO-LOCATION WITH OTHER AGENCIES: It would be beneficial to be co-located w/ other agencies: <u>YES</u> / <u>NO</u> (Please list agencies: _____) _____ It would be detrimental to be co-located w/ certain agencies: <u>YES</u> / <u>NO</u> (Please list agencies: _____) _____
LOCATION DESIRED: (Briefly describe locational requirements, if any, such as proximity to highway or bus lines, visibility, proximity to the Capitol Mall area (Boise area) , promimity to certain non-profit agencies, etc.) _____ _____ _____ _____
Would any uses adjacent to your facility be objectionable? <u>YES</u> / <u>NO</u> Please list: _____ _____
ADDITIONAL COMMENTS/CONCERNS: _____ _____ _____ _____ _____